

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only 15205

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6546

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name Thomas P Myers

P.O. Box, Bldg., Room No., if any

Street 458 Squirrel Run

City Lake Charles

State Louisiana ZIP Code + 4 70615

4. Name, file number, and address of labor organization.

Name Unite Bro. of Carpenters Local Union 953

Labor Organization File Number 034-022

P.O. Box, Building and Room Number, if any

Street 149 West 18th St.

City Lake Charles

State Louisiana ZIP Code + 4 70601

5. Position in labor organization.

Conductor

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name UBC Local 953 Health & Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 149 West 18th St., STE A

City Lake Charles,

State Louisiana ZIP Code + 4 70601

7.a. Nature of Interest, Transaction, or Income.

Lost time wages

7.b. Amount.

\$149

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Thomas P. Myers

On

07-25-05
Date

(337)-433-6792
Telephone Number

Name of Person Filing Thomas Myers	File Number U-
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Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name UBC Local Union 953 Pension Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 149 West 18th St., STE A

City Lake Charles

State Louisiana

ZIP Code + 4 70601

7.a. Nature of Interest, Transaction, or Income.

Lost time wages

7.b. Amount.

\$204

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.